Disclosure Re	eport Cover						Ame	ndment		
Use this form for ge	neral report and committee in	nformati	on, must be	signed :	and sub	mitted along wit	يا h other d	Yes letailed forms		No
Do not use this form	to update information		,			g mong m	in other (setanea tornis.		
1. Committee Info	mation									
a. Full Name				300	31 (51 (51 (51 (51 (51 (51 (51 (51 (51 (5		c.	ID Number	108/808/81/08	ggid Balikabi
Lee Henage for Bo	ard of Education							LH41:	516	
	lude City, State and Zip Code)		R	ECE	EIVI	ED	d.	Date Filed		
3859 Lancaster Hwy Monroe, NC 28112				JAN 0 3 2017				01/03/2017		
		Union Co. Board of Elections					e,	e. Phone Number		
	Basis and the same of the same					ctions		704-290	-8339	
2. Report Year	3. Period Start Date (mm/dd	l/yy)	yy) 4. Period End Date (mm/dd/yy)			5. Treasurer I	Full Nan	1e		
2016	10/23/16		12	/31/16		Lee Gardner I	Henage			-1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
6. Type of Commit	tee (Check One)	9. Typ	of Report	: (cl	ieck on	ly one type of re	nort from	t one category)		wa wa tak
Candidate Camp		Municip			State/C			ferendum	english Septembri	200004000
☐ PAC	Referendum		Organizationa	1		Organizational		Organizational		
Independent Expenditure	☐ Joint Fundraiser		Thirty-five day	y [(Quarterly		Pre-referendum		
Legal Expense F	und							-		
7. Type of Fund	(If applicable, check one)		Pre-primary			First		Final		
"Booster Fund"			Pre-election	1		Second	Ì	Supplemental I	Final	
Building Fund			Pre-runoff			Third		Annual		
			Semi-annual		\boxtimes	Fourth		Special		
Cultonia			Mid Year		S	Semi-annual	<u> </u>			
Other:			Year End			Mid Year	10	. Special Repo	rt Nam	e
8. Number of Fund		=	Final		Ц.	Year End				
o. Number of Fund	raisers uns Report		Special		=	Final Passial				
11. Account Inform	etion			11 4		opecial nformation				
a. Financial Institution I	Communication Communication in the Control of Section Communication of the Section					niormation tution Full Name				anging a
Wells Fargo				ar Finan	Ciai kusu	tunon run (vame				
b. Purpose	c. Account Code			b. Purpo	ise .			. Account Code		
Checking	_			от игр				Account Code		
Account for	1						l			
Receipts	d. Period Begin Balance						d	. Period Begin Bal	lance :	
and	\$ 99.80						S			
Expenditures									*	
CERTIFICATION								*		
I certify that the Con	nmittee or Fund is in complian	nce with	all applica	ble prov	isions o	of Article 22A, 2	2B, & 22	2D-22M of Cha	pter 163	3 of
ine NC General State	ites and that no funds are con	ımingle	d with proh	ibited or	other n	ion-disclosed fur	nds. I fur	ther certify that	this rep	oort
	correct and that I have been t	trained t	by the NC S	State Boa	re of E	lections.				
Lee Henage	Printed Name of Signer			<u> </u>		1.5	01/03	3/2017		
FOR OFFICE USE O			31	gnature or	Appoint	ed Treasurer		Date	···	
Date Received:	1/3/2017	· · · · · · · · · · · · · · · · · · ·	Employee:		Jacu	imi	Deliv	very Method		
Date Postmarked	N/A		Employee:					Normal Mail Registered Ma		
Date Scanned:	The second secon		Employee:			William de la communicación		Hand Delivere Electronically		٠.
·	ad.							Signer has no mandatory train	t receive	ed
Date Data Enter	5u.	ŀ	Employee:			Carlo Ca				
Please Note: This	s form cannot be used to amer	nd com	nittee infor	mation s	uch as t	the committee ac	idress, tr	easurer, assista	nt treasu	urer,
	custodian	of bool	s intormati	on, or ac	ecount i	nformation.				

Amendment Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Lee Henage for Board of Education	Quarterly-Fourth		LH41516
Start of Election Cycle: January 1,	2016	Total this	Total this
	2010	Reporting Period	Election Cycle
4) Cash on Hand at Start	ili in a sana a san	\$ 99.80	\$ 0.00
RECEIPTS	(000 1205)		T e
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 120.50	\$ 1,002,02
6) Contributions from Individuals	(CRO-1210)	\$ 120.58	\$ 1,903.23
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 100.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizatio	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	, 11d and 11e)	\$ 120.58	\$ 2,003.23
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 28.00	\$ 278.20
13b) Contributions to Candidates/Political Committ	ees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$ 71.80	\$ 71.80
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 120.58	\$ 1,653.23
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 220.38	\$ 2,003.23
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns	s) (CRO-1430)	\$ 28.20	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	18 (18 18 18 18 18 18 18 18 18 18 18 18 18 1
24) Account Transfers Within the Committee EIV	(CRO-1720)	\$	
45) Auministrative Support	(CIO-1/10)	\$	\$
26) Forgiven Loans JAN 0 3 201	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum Union Co. Board of Ele		\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$
20) Contributions to be Refunded	(CAU-1213)	Ψ	

Han thin	Carrier to nome out in di					∐ Yes	⊠ Ne
		ividual contributions ((and Fund if applica		under \$50 if form CR			
	age for Board of E		Die		2. ID Nu	mber 041516	
Turk to sala ta Najeri si sala katan	ibutor Informatio		K-7		Version Designation	UTIJIV	
101, 71, 51, 52, 52, 53, 53, 53, 53, 53, 53, 53, 53, 53, 53	ibutor Informations, Mailing Address &		Add D	Remove	4 Common	-4-	
	city, state, & zip)	& FIIOUC	B. JUD THE/FIDIESS	aon	d. Commen	its	
Lee Hena			RN				
	ncaster Hwy		c. Employer's Name				
	NC 28112		Carolinas Medic	cal Center			
704-290-	-8339				e. Election	Sum to Date	
					\$	1,653.23	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
\boxtimes		In-Kind	Filing Fee Paid	6/27/20)16	\$	27.00
		In-Kind	Signs	8/12/20	016	\$	1,505.65
		In-Kind	Business Cards	10/28/2	2016	\$	61.62
	ibutor Informatio			Remove	(0.0 sy 128, 21. sy)	1900 Sept. (200 ES -12	
	me, Mailing Address &	k Phone	b. Job Title/Profess	ion	d. Commen	its	
	city, state, & zip) age (continued)						
D00 110	ige (commuca)		c. Employer's Name	e/Snecific Field			
			T. T	(Coposition A total	1		
			17 m		e. Election :	Sum to Date	
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		In-Kind	Business Cards	11/02/20	016	\$	26.80
		In-Kind	Business Cards	11/07/2	:016	\$	32.16
						\$	
	ibutor Informatio	n	Add 🔲 I	n 1640 Easter Plante in Color and		ologi ylataria ki	
a. Fuli Nam	XI. 181 (3.10 (A STATE OF THE PROPERTY OF THE	Remove	acic geometale (#98)	Participation of the second	
Gorlado	ne, Mailing Address &	è Phone	b. Job Title/Professi	100000000000000000000000000000000000000	d. Commen	ts	
(include	city, state, & zip)		A STATE OF THE PROPERTY OF THE	100000000000000000000000000000000000000	d. Commen	ts	
(include	city, state, & zip)	CEIVED	A STATE OF THE PROPERTY OF THE	ion	d. Commen	its	
(include	city, state, & zip)		b. Job Title/Professi	ion		Sum to Date	
(include	city, state, & zip) RE	CEIVED	b. Job Title/Professi	ion			
(include	city, state, & zip) RE	CEIVED AN 0 3 2017	b. Job Title/Professi	ion	e, Election S		
	city, state, & zip) RE JA Union C	CEIVED AN 0 3 2017 To, Board of Elections	b. Job Title/Professi c. Employer's Name	ion e/Specific Field	e, Election S	Sum to Date	
	city, state, & zip) RE JA Union C	CEIVED AN 0 3 2017 To, Board of Elections	b. Job Title/Professi c. Employer's Name	ion e/Specific Field	e, Election S	Sum to Date	
	city, state, & zip) RE JA Union C	CEIVED AN 0 3 2017 To, Board of Elections	b. Job Title/Professi c. Employer's Name	ion e/Specific Field	e, Election S	Sum to Date k. Amount \$	
f. Prior	city, state, & zip) RE JA Union C	CEIVED AN 0 3 2017 O. Board of Elections h. Form of Payment	b. Job Title/Professi c. Employer's Name	ion e/Specific Field	e, Election S	Sum to Date k. Amount \$	120.58
f. Prior	City, state, & zip) RE JA Union Code g. Account Code	CEIVED AN 0 3 2017 To, Board of Elections h. Form of Payment	b. Job Title/Professi c. Employer's Name	ion e/Specific Field	e. Election S \$ yy)	Sum to Date k. Amount \$	120.58

Contributions from Individuals

Amendment

			Pg ee for; operating expenses,	I of I contributions to co	
	ull Name (and Fund	·-·			2. ID Number
	Board of Education				LH41516
3. Type of Disbu			RO-1310 forms for each ty	pe of Disbursem	ent.)
Operating E		Contributions to Can	ndidates/Political Committees	<u> </u>	ordinated Party Expenditures
4. Payee Inform			Add	Remove	
and the second s	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state, or Wells Fargo	& zip)			J	
1989 Dickerson	Rlvd	ŀ	c. Level Registered (Specify)		
Monroe, NC 28			Federal	County:	
704-283-2176			State	Municipality:	e. Election Sum to Date
			Survey		\$ 84.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	0	Various	\$28.00	Bank Fees
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,	& zip)				
		The second secon	c. Level Registered (Specify)		
		ALL AND	Federal	County:	
		**************************************	State	Municipality:	e. Election Sum to Date
		Control of the Contro			\$
f. Account Code	g. Form of Payment		<u> </u>	,	
mixeedune Code	g. roim of rayment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
With Code	g. Form of Fayment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks
Witten Cour	g, roim oi rayment	h. Purpose Code	i. Date (mm/dd/yyyy)	\$	k. Required Remarks
A RECOUNT COME	g, roi m oi i aymen	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks
4. Payee Inform	ation	h. Purpose Code	Add	\$ \$ Remove	
4. Payee Inform a. Full Name, Maili	ation ng Address & Phone	h. Purpose Code		\$ \$ Remove	k. Required Remarks d. Comments
4. Payee Inform	ation ng Address & Phone & zin)		Add	\$ \$ Remove	
4. Payee Inform a. Full Name, Maili	ation ng Address & Phone & zin)		Add	\$ \$ Remove	
4. Payee Inform a. Full Name, Maili	ation ng Address & Phone & zin)		Add b. Coordinated Committee Na c. Level Registered (Specify)	\$ Remove	
4. Payee Inform a. Full Name, Maili	ation ng Address & Phone & zin)		Add	\$ Remove	d. Comments
4. Payee Inform a. Full Name, Maili	ation ng Address & Phone & zip) RECEI\ JAN 03 2	/ED	Add	\$ Remove	d. Comments e. Election Sum to Date
4. Payee Inform a. Full Name, Mailir (include city, state,	ation ng Address & Phone & zip) RECEIV JAN 03 2 Union Co. Board of	/ED 2017 Elections	Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State	\$ Remove me County: Municipality:	d. Comments e. Election Sum to Date \$
4. Payee Inform a. Full Name, Maili	ation ng Address & Phone & zip) RECEI\ JAN 03 2	/ED	Add	\$ Remove	d. Comments e. Election Sum to Date
4. Payee Inform a. Full Name, Mailir (include city, state,	ation ng Address & Phone & zip) RECEIV JAN 03 2 Union Co. Board of	/ED 2017 Elections	Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State	\$ Remove me County: Municipality:	d. Comments e. Election Sum to Date \$
4. Payee Inform a. Full Name, Mailir (include city, state,	ation ng Address & Phone & zip) RECEIV JAN 03 2 Union Co. Board of	/ED 2017 Elections	Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State	\$ Remove une County: Municipality:	d. Comments e. Ejection Sum to Date \$
4. Payee Inform a. Full Name, Mailin (include city, state, of f. Account Code 5. Total only thi	ng Address & Phone & zip) RECEIV JAN 03 2 Union Co. Board of g. Form of Payment	/ED 2017 Elections	Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State	\$ Remove me County: Municipality: j. Amount \$	d. Comments e. Ejection Sum to Date \$
4. Payee Inform a. Full Name, Mailin (include city, state, of the count Code) 5. Total only thi 6. Total of ALL	ation ng Address & Phone & zip) RECEI\ JAN 03 2 Union Co. Board of g. Form of Payment is Page CRO-1310 Pages	/ED 2017 Felections h. Purpose Code	Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy)	\$ Remove me County: Municipality: j. Amount \$	d. Comments e. Election Sum to Date \$ k. Required Remarks
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4. Payee Inform a. Full Name, Mailin (include city, state, of the city), state, of the city of the cit	ation Ing Address & Phone & zip) RECEIN JAN 03 2 Union Co. Board of g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum	/ED 2017 Elections h. Purpose Code mary Page CRO-1100 mary Page CRO-1100	Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy)	\$ Remove time County: Municipality: j. Amount \$ \$	d. Comments e. Election Sum to Date \$ k. Required Remarks
4. Payee Inform a. Full Name, Mailin (include city, state, or f. Account Code 5. Total only thi 6, Total of ALL (This line goes in (This line goes in (This line goes in	ation ng Address & Phone & zip) RECEIV JAN 03 2 Union Co. Board of g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum	/ED 2017 Elections h. Purpose Code mary Page CRO-1106 mary Page CRO-1106 mary Page CRO-1106	Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) if Operating Expenses) of Contrib to Candidates/Politice of Coordinated Party Expenditu	\$ Remove time County: Municipality: j. Amount \$ \$	d. Comments e. Election Sum to Date \$ k. Required Remarks
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4. Payee Inform a. Full Name, Mailin (include city, state, or f. Account Code 5. Total only thi 6. Total of ALL (This line goes in (This line goes in 7. Purpose Code A* - Media E - Salaries	ation ng Address & Phone & zip) RECEIV JAN 03 2 Union Co. Board of g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum es (List detailed ex B* - Printing F* - Equipment	/ED 2017 Elections h. Purpose Code mary Page CRO-1100 mary Page CRO-1100 penditure code in (C* - Fund G - Politic	Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) if Operating Expenses) of Contrib to Candidates/Political (h.) above) liraising tal Party	\$ Remove time County: Municipality: j. Amount \$ \$ al Comm) res) D - To Anothe H* - Holding	d. Comments e. Election Sum to Date \$ k. Required Remarks \$ 28.00 \$ 28.00 cr Candidate Public Office Expenses
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Loan Repayments Use this form to report payr

1. Committee Full Name (a)				2. ID Number	
Lee Henage for Board of Ed				041516	
3. Lender Information		⊠ Add	F7] D		
a. Full Name, Mailing Address & 1	Phone	∠ Auu	Remove		
(include city, state, & zip)	rnone			b. Comments	
Lee Henage	<u></u>			 	
3859 Lancaster Hwy				c. Original Loan Date	
Monroe, NC 28112					
				04/21/2016	
				d. Original Loan Amount	
				\$ 100.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 28.20	1	Cash	12/06/2016	\$ 71.80	
\$				\$	
3. Lender Information		Add	Remove		
a. Full Name, Mailing Address & I	Phone			b. Comments	
(include city, state, & zip)				b) Comments	
			<u> </u>		
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$			2 (\$	
				φ	
\$				\$	
3. Lender Information		Add 🗌	Remove		
a. Full Name, Mailing Address & F	'hone			b. Comments	
(include city, state, & zip)	Park F				
	H	ECEIVED		c. Original Loan Date	
		JAN 0 3 2017			
	•	AMIA O O SOIL			
	Union	Co. Board of Elections		d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$		ļ		\$	
\$				\$	
4. Total only this Page				\$ 71.80	
5. Total of ALL CRO-1	420 Pages			A 7 • 06	
(This line must be on line 15 of D		1100)	bestengeringsprogram Section	\$ 71.80	

In Wind Containations					Amendment
In-Kind Contributions			Pg <u>1</u> of	1	<u>l</u> ☐ Yes ⊠ No
Use this form to report non-monetary contributions, donations, go	ods or	servi	ces provided to th	ie com	mittee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded	i withir	/ da	ys.	#bonnesson	
1. Committee Full Name (and Fund if applicable)				2. II) Number
Lee Henage for Board of Education					LH41516
3. Contributor Information Add	Remov	е			
a. Foll Name, Mailing Address & Phone	The state of the s		Contributor	c. Co	mments
(include city, state, & zip)	\boxtimes	Indi	vidual		
Lee Henage		Can	didate		
3859 Lancaster Hwy		Part	y		
Monroe, NC 28112		PAC	2		
704-290-8339		Refe	erendum	d. Ele	ection Sum to Date
·		Oth	er Receipt Source	•	1.660.00
				\$	1,653.23
e. Description Business Cards		<i>1 11</i>	f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Dusiness Cards			10/28/2010	5	\$ 61.62
Business Cards			11/02/201	6	\$ 26.80
			11/02/201		Φ 20.00
Business Cards			11/07/201	6	\$ 32.16
3. Contributor Information Add	Remov	9			
a. Full Name, Mailing Address & Phone			Contributor	c. Coi	nments
(include city, state, & zip)		Indi	vidual		
		Can	didate		•
		Party	y	Ì	
		PAC	<u>;</u>		
		Refe	rendum	d. Ele	ction Sum to Date
		Othe	r Receipt Source	\$	
e. Description	1		f. Date (mm/dd/yy)	(yy)	g. Fair Market Amount
					\$
				···	\$
	Contract of the Contract of th			Name	\$
	Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Typ		ontributor	c. Cor	nments
(mende city, state, & zip)	┦ 片		vidual		
RECEIVED			lidate		
JAN 0 3 2017	片	Party PAC			
JAN 03 ZOII			rendum	d. Ele	ction Sum to Date
Union Co. Board of Elections			r Receipt Source	\$	
e. Description	L		f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
					\$
					\$
					\$

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

120.58

120.58

Outstandin	ig Loans
------------	----------

Amenument							
Pg	<u>1</u>	of	1		Yes	\boxtimes	No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Na	ime (and Fund if applicable))		2. ID Number
Lee Henage for Board	LH41516			
3. Lender Informatio	n 🛛 Ac	ld	Remove	
a. Full Name, Mailing Add		b. Job T	itte/Profession	d. Comments
(include city, state, & zi	p)	RN		
Lee Henage				
3859 Lancaster Hwy Monroe, NC 28112				e. Start Date (mm/dd/yyyy)
Monroe, NC 28112			oyer's Name/Specific Field nas Medical	04/21/2016
		Center		f. End Date (mm/dd/yyyy)
				I. End Date (min/dd/yyyy)
g. Rate	h Coowity Bladayd	=======================================		
, Z	h. Security Pledged	<u> </u>	i. Original Loan Amount	j. Remaining Loan Balance
0 %			\$ 100.00	\$ 28.20
k. Full Name of Lending In	nstitution			I. Loan Number
	· · · · · · · · · · · · · · · · · · ·	·		
3. Lender Informatio		Section of Property Consultation	Remove	
a. Full Name, Mailing Add	The state of the s	b. Job T	itle/Profession	d. Comments
(include city, state, & zi	p) ::	ļ		
				S. S. Davidson
		c Emplo	yer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
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				f. End Date (mm/dd/yyyy)
		1		
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
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k. Full Name of Lending In	istitution			1. Loan Number
3. Lender Informatio	n 🔲 Ad	d	Remove	<u>I</u>
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	Union Co. Board of Elections			f. End Date (mm/dd/yyyy)
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k. Full Name of Lending In	stitution			I, Loan Number
4. Total only this Page		1200		\$ 28.20
5. Total of ALL CRO	선생님 아이들이 얼마 되었다면 한 그들이 없는데 하는데 하는데 하지만 하는데 하나 되었다면 하는데 하는데 없다.			\$ 28.20
(This line must be on line	21 of Detailed Summary Page CRO	-1100)		Ψ 20,20